



COUNTY OF NASSAU
DEPARTMENT OF PARKS, RECREATION & MUSEUMS
EISENHOWER PARK - EAST MEADOW, NEW YORK 11554
www.nassaucountyny.gov/parks

**Nassau County Department of Parks & Recreation
Summer Recreation Program 2014
Camper Profile Record**

We are requesting the following information in order that our professional staff may gain some insight into your child. In order to promote his/her welfare, we are asking that you supply complete and candid answers. This form is strictly confidential and we suggest that your child not have access to it.

Whether or not your child has previously attended the Nassau County Department of Parks & Recreation, Summer Recreation Program, Kindly complete this for the use of your child's staff. Please mail back to us so that your child's counselor will have a better insight into your child prior to meeting them. (Address above Attn: Summer Recreation Program)

Name: _____ Group _____ Age _____ Park _____

Date of Birth: _____ Prefers to be called: _____

Father's Name: _____ Mother's Name _____

Marital Status: Married _____ Widowed _____ Separated _____ Divorced _____ Single _____

Special Needs: (Please describe on the back of this form):

Physical _____ Hearing/Visual _____

Allergies: _____ Other: _____

Interests:

Please indicate your child's interests and favorite activities: _____

How well does your child socialize with others? _____

Group My Child With: 1- _____ 2- _____

(Please note: This is a request that will be honored to the best of our ability)

Please check any areas where your child should be given special consideration or attention.
(Additional information may be given on the back of this page.)

Medication _____ Swimming _____ Athletics _____

Food _____ Other _____

Swim: American Red Cross swimming levels previously achieved _____
Where _____ Date _____

Please fill out reverse side

This side of this form may be used to elaborate upon any item above. Also, feel free to describe any special needs or insights concerning your child that would be informative and helpful to your child's counselor, supervisory staff, and/or the nurse.

Parent's Signature: _____ Date: _____

Reviewed by: _____ Date : _____